

# **JUNE 18-24, 2023**

WELCOME

Phone: 412-370-5481

www.chp.edu/campstar

Email: cindymcq1@gmail.com

## Camp STAR Youth Amputee Retreat is Sunday, JUNE 18 to Saturday, JUNE 24, 2023!

We are open to youth between the ages of eight to 18 who live with limb difference or loss. Camp will be held at Camp Kon-O-Kwee/Spencer in Fombell, Pennsylvania. We encourage all children, no matter their current situation, to attend camp to experience first-hand the fun and friendship of being with other kids and staff with similar circumstances!

DROP OFF: Sunday, JUNE 18, 2 p.m.

PICK UP: Saturday, JUNE 24

CONTACT: Cindy McCue, 412-370-5481 or cindymcq1@gmail.com

**FEE:** Thanks to the generosity of donors, a \$50 non-refundable registration fee is the only cost requested of each camper, however, no camper is ever turned away for financial reasons! Please contact Cindy McCue at 412-370-5481 or cindymcq1@gmail.com if financial considerations are needed.

We look forward to seeing you this summer, so fill out your application and send it in today!

#### **SEE YOU SOON!**

Cindy McCue
Brianna McCue
Your Camp STAR Directors

In order for your registration to be complete, you must send all of the following to:

Camp STAR, 568 Waynesburg Road, Washington, PA 15301

Please include a recent photo of your camper. I a digital picture, please email it to cindymcq1@gmail.com.	f you have
Check or Money Order payable to: Camp STAR	
Health/Medical Information	
Medical Authorization	
Consent and Liability Release	

It is VERY important that you fill the application out entirely and return it in a timely manner so we may plan a safe and enjoyable camp experience for your child.

#### Return registration to:

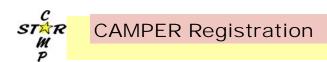
568 Waynesburg Road Washington, PA 15301

Registration Deadline: June 4, 2023



## **Health and Medical Information**

Camper Last Name		First Name _ Age Grade (this fall) [			
Birth date	Age				
Camper's email:					
Weight	Height			Please attach a photo here or	
Shirt size: Jog	ger Pant Size:			To the back of this registration	
Family Contact Informat	i <b>on:</b> Parent/Guardi	an:		email to	
Address:				cindymcq1@gmail.com	
		ATEZI			
Parent's Email Address:					
Phone Number(s) (during	g camp):				
Emergency Contact:		Phone Nun	nber:	<del></del>	
Allergies Specific	Allorgy	Reaction	Tros	tmont	
· ·	Allergy	Reaction	Tiea	itment	
Medications					
Food					
Insects					
Latex					
Other					
Level: ☐ Hand ☐ Symes  Site: ☐ Left ☐ R	☐ Above Knee☐ Below Knee☐ Below Knee		Hip □ Hen	ni	
Reason: Cancer Diabetes	☐ Trauma ☐ ☐ Vascular				
Indicate Any Devices Use	ed:				
☐ Crutches	$\square$ Prosthesis $\square$	Wheelchair (see below)	□ Other		
My son/daughter will:.					
☐ Bring a	a wheelchair eed the use of a whe	nir (dry cell battery/wet co	ell battery)		



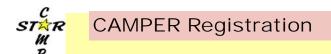
## Current Medications (Please list and bring EPIPEN if your child needs one in the event of an allergic reaction)

MEDICATION(S)			DOS	SE		ROUTE			TIMES		
Can your child swallo	w pills	?□yes□	no								
OVER THE COUNTER I counter medications ( Yes   No  Yes, bu	i.e. ace	etaminoph	en, ibuprofen,	, coug							-
Please list any commo	n med	ications b	rands/types th	at <u>SH</u>	OULD NO	<b>DT</b> be adm	inistered	to you	r child:		
Special care needs ( if		ed, give d	etails below): Respiratory tro Drains	eatme	nts 🗆	IVF/TPN Glucose m	onitoring				
Special Dietary Needs: (Please explain any special diet your child may have)											
Daily Living		Dressing			Toileting			Showe	_		
Needs assistance with	⊔ 1:	Eating		Ш	Oral Hyg	ene	Ц	Persor	nal Hygiene	2	
If you checked any of	the abo	ove, pleas	e explain, in de	etail w	/hat assis	stance will	be neede	ed:			
Other: Any other info	rmatio	n that wo	uld be helpful	to ma	ike the c	amp exper	ience pos	sitive:			
I certify that the above	a infor	mation is s	accurate and a	omnle	ato.						
•				•							
Parent/Legal Guardiar	Signa <sup>-</sup>	ture:						Da	te:		



## **Parental Medical Authorization**

designee) to render such medical treatn preserve the life, limb or well-being of n	nent as said physician deems neo	cessary under the circumstance and t	
Allergies:			
Any pertinent medical history (illnesses	or injuries)		
Physician:	Pho	one	
Health Insurance:	Ph	one:	
Policy No.:	Group No.		
Dentist:	Pho	one:	
Dental Insurance:	Pho	one:	
Policy No.:			
The undersigned hereby waives and relecamp staff and volunteers from any and and all personal injuries sustained as the while at the camp.	all claims, damages, costs, actio	ons and cases of action as the result o	of any
PARENT/GUARDIAN (print name)	SIGNATUR	EE	
ADDRESS:			
PHONE:			_
(Home #)	(Work #)	(Cell #)	
ALTERNATE NAME:		Phone:	
Inerson to contact in case parent canno	t he reached)		



#### Consent and Release

#### **Parent Consent**

Parent/Legal Guardian

I/We specifically consent to (child's name) participation in activities offered by Camp STAR, including but not limited to camping, boating, swimming, hiking and sports events. I have deleted any items from the preceding list to which I do not give consent for participation.

I/We certify that the above named child has the necessary skills to participate in any of the approved activities (e.g., if

boating is approved, the child can swim). I/We specifically do not want the above named child to participate in the following activities (if none, please indicate): As parent or legal guardian of the above named camper, I hereby certify that the applicant will not attend camp if any illness at the opening day of camp should be harmful to him/her or others. Having confidence that the staff in charge will exercise diligence for the safety of the campers, I hereby authorized the camp administration to allow the applicant to accompany other campers on trips away from the grounds on organized activities. I understand that the camper may be sent home as a result of misbehavior or violation of camp policies. Parent/Legal Guardian Parent/Legal Guardian Date **Liability Release** (For parents, guardians, staff and counselors) The undersigned parent, legal guardian, close relative or participant acknowledges that even though every effort is made to promote a safe, accident-free environment, incidents may occur. In consideration for being accepted to participate in this camp sponsored by and/or affiliated with Children's Hospital of Pittsburgh of UPMC, we (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant, if said child is not 21 years of age or older), hereby release, forever discharge and agree to hold harmless Children's Hospital of Pittsburgh of UPMC, its directors, officers, agents or employees from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the childparticipant that occur while said child is participating in the camp. Furthermore, we/I (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in any camp activities or fieldtrips involved therein. Further, authorization and permission is hereby given to said camp organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify Children's Hospital of Pittsburgh of UPMC, its directors, employees, and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto. Parent/Legal Guardian Parent/Legal Guardian Date Photo/Video Release: I consent to having my child videotaped/ audio taped and/or photographed for use by Children's Hospital of Pittsburgh of UPMC's Community Outreach Program, which may include the following: Camp STAR brochure, distribution to other campers, use for print or news broadcasts about Camp STAR. I have been informed that my child may be identifiable in these photographs/videotape and the date and location where the filming/photography took place, but no other identifiable information such as name or age will appear in any text accompanying the videotape/photos without my prior consent. I release and hold the hospital free from any liability that may arise as a result of my giving permission for the above described use.

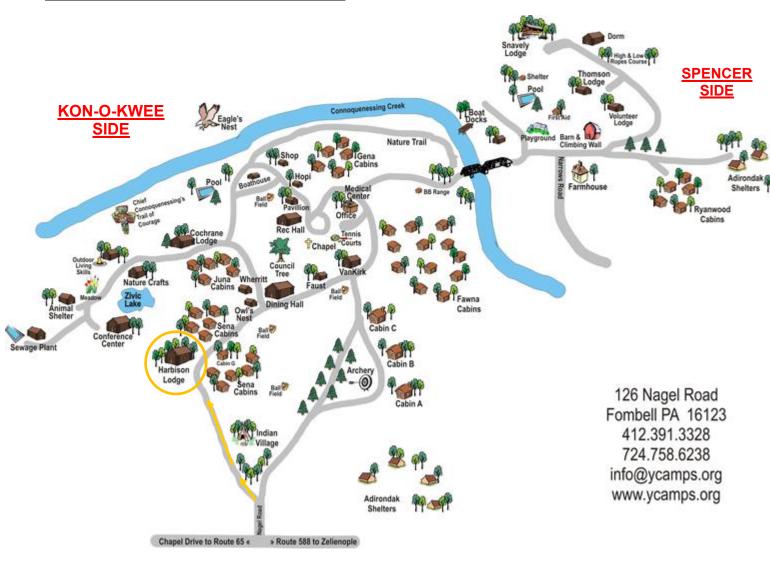
Parent/Legal Guardian

Date

## **Directions to Camp Kon-O-Kwee/Spencer**

- **☆** From Pittsburgh:
  - take Route 19 north (to Zelienople) or Route 79 north to exit 83 (Evans City), make left, then follow 19 north to Zelienople.
  - Turn West (left) off of Route 19 at the Hotel Kaufmann on Routes 288 and 588.
  - Follow Route 588 west 5 miles to Camp entrance.— GO TO HARBISON LODGE
- If traveling by Pennsylvania Turnpike: use Exit 28 (Cranberry/Perry Hwy), then proceed north on Route 19 as instructed above.
- ☆ GO TO HARBISON LODGE UPON ARRIVAL TO CAMP KON-O-KWEE

## YMCA Camp Kon-O-Kwee/Spencer Map







## **Camp STAR Camper Checklist**

## Please remember to label EVERYTHING

Sleeping bag/ bed roll (sheets and blankets)

(some campers/counselors bring a twin size fitted sheet with their sleeping bag to cover the mattress)

- ☆ Pillow
- ☆ Bath towel(s) and washcloth(s)
- ☆ Prescription medicines
- ☆ PERSONAL HYGIENE ITEMS

Soap

Deodorant

Toothbrush/toothpaste

Shampoo

Brush/comb

Hair clips/pony tail holders

Shower shoes (flip flops)

Lip Balm

Glasses case

Contacts case & solution

Feminine products

#### ITEMS NOT TO BRING:

- CELL PHONES, Electronic Devices: Video Games, etc. (if brought, these items will be confiscated at the beginning of the week, and securely stored then returned the last day of camp).
- ☆ Food or candy
- Trugs (illegal) or Alcohol
- Weapons of any kind: Knives, firearms, bows & arrows, etc.
- Fireworks, matches/lighters, or any hazardous materials
- ☆ Laundry bag (pop up style preferred for young campers)
- ☆ Clothing for one-week (Please keep choices modest/non-revealing)
- ☆ Sweat shirt/something warm for possible cold evenings
- ☆ Pajamas
- Rain gear (raincoat /poncho, rain boots, umbrella)
- ☆ Shoes (athletic shoes ,Flip flops /crocs)
- ☆ Swimsuit (no bikinis please— keep it modest)
- ☆ Beach towel
- **☆** Spray Sunscreen
- ☆ Hat
- ☆ Flashlight (spare batteries)
- ☆ Bug repellant
- ☆ Backpack or small duffel bag
- Reading materials or games for down times
- ☆ Camera (NON Cell-phone)—optional
- ☆ Small fan (optional it can get hot in August)
- **☆ PLEASE LABEL ALL CLOTHING AND EQUIPMENT**

## PARTY NIGHT!

Every year there is a talent/lip sync contest and party at the end of the week. So, the if your camper wants to perform, he/she can bring props or instruments, etc. to assist in their performance (not required).